



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, RED CLOUD
UNIT # 15707
APO AP 96258-5707

Policy Letter # 6-9

IMKO-AA-PWH

[24 SEP 2010]

MEMORANDUM FOR SEE DISTRUBUTION

SUBJECT: Red Cloud and Casey Enclaves-Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

1. This policy is effective immediately and remains in effect until rescinded or superseded.
2. Purpose: To establish policy and procedures for Housing Referral Operations in USAG Red Cloud.
3. Applicability: This policy applies to all Military personnel and DOD Civilian personnel who are eligible for Housing Services in USAG-RC.
4. References:
 - a. AR 420-1, Army Facilities Management, Chapter 3, Housing Management, 12 Feb 2008.
 - b. KORO Housing Operations Supplement to AR 210-50, 2 Dec 2002.
5. Responsibilities: The Housing Services Office (HSO) will provide the following housing referral services:
 - (a) Assist Military and Department of Defense (DOD) personnel and their families in locating private adequate housing. (Appendix A-1 Off-post Housing Adequacy Standards)
 - (b) Review and process rental contracts. Negotiate and mediate disputes and refer to legal office when necessary.
 - (c) Maintain a listing of realtors and property managers to insure customers receive current information on nondiscriminatory rental properties.
 - (d) Government rental lease agreements in English and Hangul. (Appendix B-1 Lease Agreement).
 - (e) Liaison with tenant, landlord and real estate agency, community and governmental officials.
 - (f) Maintain a listing of available apartments when available.

This policy letter can be found at <http://redcloud.korea.army.mil/policy.asp>

(g) Interpretation services in dealing with realtors, landlords and utility companies.

(h) When staffing permits, conduct property inspections to insure that it conforms to the government adequacy standards.

6. General Procedures:

(a) All Military personnel and DOD civilians are required to process through the Housing Office, regardless of desires in obtaining off-post housing and will complete the applicable off-post housing packet. Processing of the leases will require an appointment made at either Camp Casey Housing office at 730-4709/4346 or CRC Housing office at 732-7487/6966.

(b) Housing will furnish a copy of available apartments when available or provide them a list of realtors they may contact for apartments available within the community.

(c) When staffing permits, HSO personnel will conduct the Housing Adequacy Standards Checklist (Appendix C-1) which includes health, safety, welfare, etc., and the Housing Security Review Checklist (Appendix D-1). All properties will have adequacy and security inspections conducted prior to the customer signing the lease.

(d) All leases are between the property owner and the tenant. HSO staff will be present and are responsible for assisting the customer in the lease negotiations and ensuring the best rental rate is negotiated.

(e) If a customer refuses to have HSO personnel review the lease, the customers lease will not be approved, this includes OHA paperwork and LQA documentation for civilians.

(1) It is required that prior to signing the lease agreement and for their protection, they must escort the landlord, property manager or realtor to the Housing Office for all lease transactions. The following documentation must be provided: proof of property ownership, verification of property tax payment, Korean property tax assessment, property zoning records, property owner's certificate of affixed seal stamp (registered in court), property owners certificate of residence and bank documentation showing the current amount owed on the property.

(2) If a realtor or property manager signs for the property owner, the realtor or property manager will provide a signed power of attorney (POA); included on the POA will be the expiration date and that he/she may negotiate lease agreements and sign on behalf of the property owner. They must have on file or provide a map showing the location of the real estate office, certificate of public brokerage license and certificate of affixed seal stamp.

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

(f) Housing staff will brief Military and DOD personnel on monthly rent, security deposit, utility charges, providing appliances and /or furniture information, paying hook –up fees, military clause, termination of lease, local laws, and ordinance.

(g) Brief and provide paperwork for Overseas Housing Allowance (OHA) and Move-in Housing Allowance (MIHA) for the soldier. (Appendix E-1-OHA and Appendix F-1 MIHA).

7. Leases with Relatives: Housing will not process any leases that are government employees or service member's relatives (including in-laws) without being reviewed by the Staff Judge Advocate (SJA) office. The proposed landlord must be the owner. The SJA will provide a written opinion that the lease is good and can be processed.

8. Lease Renewals: Customers will not require the landlord, realtor or property manager to be present if there is no change to their monthly or yearly costs; however, if there is a change on the amounts, housing will require them to be present.

9. Lease Termination Notice. It is the tenant's responsibility to notify the landlord in writing at least 30 days prior, of intent to terminate. If you don't provide the 30 days Verification of Clearance, you can be held liable for another month's rent. (Appendix G-1 Verification of Clearance).

10. Rental Insurance. Recommend that personnel obtain renters insurance to protect their personal possession.

11. Safety devices. Fire extinguisher, carbon monoxide and smoke detector devices should be installed prior to move in for safety purpose. You may request these items from the Housing office upon availability at Camp Casey 730-4709/4346 or CRC at 732-7487/6966 and have them place on your hand-receipt.

12. Fair Market Value. The Housing Division must ensure that all lease contracts reflect fair market value (not a customer's ability to pay). Fair market value is defined as the amount in cash or, or on terms reasonably equivalent to cash, for which in all probability the property would be rented by a knowledgeable lessor willing but not obligated to rent to a knowledgeable lessee who desires but is not obligated to rent. The housing office will not approve rental contracts that do not reflect fair market value. The housing office will review property ownership documents, property value publications, and comparable properties


13. Complaint Processing. All complaints for off-post housing should be reported immediately to the Housing Division at USAG-Red Cloud. The housing staff will obtain information from each party concerned and circumstances will be objectively evaluated. When possible, complaints will be obtained in writing from the aggrieved parties. Preliminary investigation of complaints will be made and settle as quickly as possible.

IMKO-AA-PWH

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

14. Off-Limit Restrictions. The Garrison Commander will impose off-limit restrictions to landlords and real estate agencies that engage in unscrupulous or unfair business practice, and to those who charge or attempt to charge excessive rent to U.S. personnel. This includes restrictions such as placing apartments off-limits for health and safety reasons. The Housing Office will follow procedures as outlined by AR 190-24, Armed Forces Disciplinary Control Boards and Off-Installation Liaison and operations. Off-limit lists will be provided and posted in the bulletin board for viewing at the housing office.

15. Any questions concerning this policy can be directed to Ms. Clara R. Greenway, Chief, Housing Division at 732-6554, clara.greenway@us.army.mil.



W. H. DODGE
Colonel, SF
Commanding

DISTRIBUTION:

A

IMKO-AA-PWH

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENDICES:

APPENDIX A - Off-Post Housing Adequacy Standards	A-1
APPENDIX B - Lease Agreement – IMKO-PWD-B FORM H2	B-1
APPENDIX C –Off Post Housing Adequacy Checklist	C-1
APPENDIX D –Off Post Housing Security Review Checklist	D-1
APPENDIX E - Overseas Housing Allowance - DD FORM 2367	E-1
APPENDIX F - Move in Housing Allowance -DD FORM 2556	F-1
APPENDIX G - Verification of Clearance – IMKO-AB-PWH-FORM 9123	G-1

APPENDIX A-1 OFF-POST HOUSING ADEQUACY STANDARDS

A-1. The unit must be a complete dwelling unit with private entrance, bath, and kitchen for sole use of a single family. It must be so arranged that the bathroom, kitchen, and bedroom can be entered without passing through bedroom.

A-2. The unit must be adequate in bedroom count for military families as stated in the applicable service's regulations. The housing referral office inspector will determine the floor space by a tape-measuring device to determine the net inside living area. Net living area excludes bulk storage area, utility room, porches, balconies, stairwells, hallways and parking space. The net floor area should normally be the minimum specified below:

- a. One bedroom unit -- 550 square feet (15 pyong) One pyong = 36 sq ft
- b. Two bedroom unit -- 740 square feet (20 pyong)
- c. Three bedroom unit -- 960 square feet (26 pyong)
- d. Four bedroom unit -- 1190 square feet (33 pyong)

Note. Only in unusual cases will units be declared inadequate solely because of insufficient floor space. Space criteria for unaccompanied personnel housing should be in accordance with proponent service's directive for space adequacy for unaccompanied personnel housing. All quarters will be on the first floor 2 feet above ground and quarters must be accessible to all emergency vehicles.

A-3. The unit must be well constructed, be in good repair, and have proper heating equipment. The heating system should be of the acceptable types listed below:

- a. Central heating, using oil, gas or electricity and either forced draft or a circulating hot water/steam heating system.
- b. Electric, natural gas or liquid propane gas space heater. (Liquid propane gas container should be located on the exterior of the building.)

A-4. The unit must be located in an area that has no known health or sanitation problem. It must not be subject to offensive fumes, industrial noises, and other objectionable features. It should have hot and cold tap water on a daily basis. The tap water should be potable, or as an alternative source, through USFK approved bottled water company, or an available source of private-haul post potable water.

A-5. The unit should be accessible to emergency vehicles and be equipped with smoke and fire detectors and appropriate emergency exits.

APPENDIX B-1 LEASE AGREEMENT

FAIR MARKET VALUE (FMV) DETERMINED		FMV DETERMINED PRINT NAME	SIGNATURE	DATE
RENT:	UTILITIES:			
LEASE AGREEMENT				
LESSOR'S NAME & ADDRESS 임대인 성명		ROK ID 주민등록번호	LESSOR'S PHONE 전화	
LESSEE'S NAME 임차인 성명		SSN	RANK/GRADE 계급	
ORGANIZATION 소속		UIC	DUTY PHONE 전화	
OFF-POST 임차인 주소 RENTED HOUSE ADDRESS			DATE OF LEASE 계약일	
Lease Term of _____ months, Beginning _____ Expiring _____				
계약기간은 _____ 년 _____ 월 _____ 일 부터 _____ 년 _____ 월 _____ 일 까지 _____ 개월로 한다.				
RENTAL CHARGE 임 대 료	(1) MONTHLY (월세):		•SECURITY DEPOSIT (보증금):	
	(2) ADVANCE PAYMENT (선불금)		•NUMBER OF MONTHS:	
<p>1. The Lessor hereby leases to the above described premises and agrees as follows:</p> <p>a. The Lessee shall pay to the Lessor for the use of the premises rent in advance on the _____ day of each month during the term 임차인은 본 계약 기간동안 매월 _____ 일에 부동산(주박)의 임대료를 선불한다.</p> <p>b. The Lessor hereby agrees the specified rental rate continued herein shall not increase during the term of this lease. 임대인은 계약기간 동안 상기에 기재된 임대료를 인상 할수 없다.</p> <p>c. The Lessee shall be entitled to return of the deposit if the premises are returned to the Lessor in the same condition as they were when leased, less normal wear and tear. 임차인은 계약 만료시 임대 보증금을 반환 받을 권리가 있다. 단, 임차인이 임대하여 사용했던 기간 중 이루어진 하자가 없어야하며 입주할 당시의 상태를 유지하여야 한다.</p> <p>d. Throughout said term, the Lessee will take good care of the premises and appurtenances and allow no waste or injury; comply with all laws, ordinances and government regulations. 본 계약 기간을 통하여 임차인은 당해 재산과 재산의 종속물에 대하여 양호하게 관리하여 남비나 파손되지 않게 하고 모든 법령과 정부규정 및 사정을 철저히 준수할 것에 동의한다.</p> <p>e. Charges for heating and hot water shall be in accordance with the meter reading for the Lessee's premises. 난방비 및 온수 사용료는 검침에 의거 임차인의 부담으로 한다.</p> <p>f. The monthly charges for electricity shall be in accordance with the meter reading for the Lessee's premises. 매월 전기 요금은 임대 부동산에 설치된 계량기 도수에 따른다.</p> <p>g. Cold water charges shall be in accordance with the meter reading for the Lessee's premises. 수도요금은 임대 부동산에 설치된 계량기 도수에 따라 임차인이 부담한다.</p> <p>h. Charges for the telephone shall be based on the official rate of the MONISTRY OF COMMUNICATION OF THE REPUBLIC OF KOREA. 전화요금은 대한민국 재정부의 공공요금에 따른다.</p> <p>i. Charges for the management fee will be _____ Won per month. 관리비는 매월 _____ 원으로 한다.</p> <p>j. Charges for the trash collection will be _____ Won per month. 쓰레기수거료는 매월 _____ 원으로 한다.</p> <p>2. This lease may be terminated by the Lessee if the premises become uninhabitable because of dilapidation, condemnation, fire or other casualty or failure to provide hot and cold water, electric current and such heating apparatus for a Period in excess of 10 days. If any of the foregoing occurs, Lessor will pay Lessee for cost of temporary quarters until repairs of damaged system are completed and in operation order. It is further expressly agreed that if the Lessee herein should receive official military orders relieving him from station at _____ KOREA, or retiring him or</p>				

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

[illegible]

Previous Editions are Obsolete
End 2

**APPENCIX D-1 Housing Security Review Checklist
OFF-POST HOUSING SECURITY REVIEW CHECKLIST**

Customers Name:	DSN:	Address:		
Type of residence: Stand Alone House Row House Low Rise Apartment High Rise Apartment				
Any items on this checklist that do not apply place N/A in the remarks. This checklist is not all-inclusive and should be used only as a guide.				
AREA				
Interior House/Apartment		Yes	No	Remarks
1. Is a security alarm installed in the house or apartment?				
2. Are the exterior doors solid to the core?				
3. Are door hinges located on the interior to prevent removal from outside?				
4. Do exterior doors have double or dead bolt locks?				
5. Do lock bolts extend at least 3/4 an inch into the strike plate?				
6. Are locks in good repair?				
7. Are all locks firmly mounted?				
8. Can entry door locks be opened by breaking a glass or a panel?				
9. Is there little or no "play" when trying to force the lock bolt out of the strike plate?				
10. Are peepholes installed on doors leading to hallway entrances?				
11. Is an intercom system installed on the main door?				
12. Do locks on the balcony doors secure doors adequately?				
13. Can access to the balcony be gained from other apartments, or by climbing drainage pipes or other fixed structures?				
14. Are balcony lights operational and can they be turned on from inside?				
15. Are window frames and locks adequate, if on 1 st or 2 nd floor, do they have security grilles or bars and security pins to hold them partially open?				
16. Are window air conditioners and exhaust fans secured against removal?				
Building				
17. Does adequate lighting exist in the buildings hallways?				
18. Can hallway lights be turned on from inside the apartment?				
19. Do trees and shrubbery around the building allow people to be concealed?				
20. Do trees and shrubbery around apartment allow access to apartment balconies or windows?				
21. Is outside security lighting present and adequate?				
22. Are the exterior of the residence, parking area and entryways illuminated?				
23. Are the entryways to the apartment complex secured when not in use?				
Building Security				
24. Does the Apartment Complex have Security Personnel Assigned and are they present 24 hours?				
25. Is there CCTV coverage of the parking garage, common use areas, elevators and building exterior?				

IMKO-AA-PWH

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

Remarks: After completing the security review and there several NO blocks checked you may wish to consider living in a different house or apartment.	
Customers Signature & Date	HSO Inspector Signature & Date

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENCIX E-1 Overseas Housing Allowance

INDIVIDUAL OVERSEAS HOUSING ALLOWANCE (OHA) REPORT <i>Before completing, read Privacy Act Statement and Warning on reverse side.</i>				INTERAGENCY REPORT CONTROL NUMBER 0374-DOD-AR	
				REPORT CONTROL SYMBOL DD-P&R(AR)1697	
PART A - IDENTIFICATION AND HOUSING INFORMATION					
1. SERVICEMEMBER			3. SERVICEMEMBER'S RESIDENCE ADDRESS (Street, Apt. No., City, Country)		
a. NAME (Last, First, Middle initial)					
b. PAY GRADE		c. SSN	4. EFFECTIVE DATE OF LEASE/RENTAL/SALE AGREEMENT (YYYYMMDD)		
d. DUTY STATION OR HOMEPORT			5. IN WHAT CURRENCY IS YOUR RENT OR MORTGAGE PAID? (X one) (See instructions on reverse side if you pay rent three or more months in advance.)		
(1) Station Name			a. LOCAL CURRENCY (Specify name of currency. Report amount in item 6.)		
(2) City			b. U.S. DOLLARS		
(3) Country		(4) Duty Phone	6. X THE APPROPRIATE BOX TO INDICATE WHETHER YOUR RESIDENCE IS LEASED OR OWNED AND GIVE THE MONTHLY RENTAL AMOUNT OR THE PURCHASE PRICE IN THE CURRENCY YOU SPECIFIED IN QUESTION 5.		
2. ARE YOU ENTITLED TO A COST-OF-LIVING OR OVERSEAS HOUSING ALLOWANCE FOR DEPENDENTS RESIDING ELSEWHERE? (X one)			a. LEASED/RENTED (Enter monthly rent below. If sharing, report TOTAL rent, not your share.)		
YES (Specify location)			b. OWNED (Enter original purchase price. Include only cost of home, EXCLUDE closing costs, taxes, etc.)		
NO or NOT APPLICABLE					
HOMEOWNERS, SKIP QUESTION 7 AND GO DIRECTLY TO QUESTION 8.					
7. UTILITIES (Excluding telephone) (X appropriate block)			8. TO DETERMINE IF YOU ARE A "SHARER" FOR HOUSING ALLOWANCE PURPOSES, ENTER AN X IN THE BOX AT LEFT FOR EACH CATEGORY OF INDIVIDUAL OCCUPYING YOUR RESIDENCE. FOR EACH CATEGORY YOU X, ENTER THE NUMBER REQUESTED IN THE BOX AT RIGHT. THEN RECORD THE TOTAL IN THE BOX AT THE BOTTOM. (NOTE: Do not count dependents unless covered by category c.)		
a. I SEPARATELY PAY FOR ALL UTILITIES. NONE ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD.			X a. MYSELF		
b. I DO NOT SEPARATELY PAY FOR ANY UTILITIES (excluding telephone). ALL UTILITIES ARE INCLUDED IN RENTAL/LEASE AGREEMENT AND PAID BY LANDLORD.			b. SPOUSE WHO IS ALSO A SERVICEMEMBER (Enter "1")		
c. I SEPARATELY PAY FOR SOME UTILITIES (excluding telephone) AND SOME ARE INCLUDED IN RENTAL/LEASE AGREEMENT WITH LANDLORD (Complete items (1) - (5) below indicating utilities/services of which your landlord provides the MAJORITY.)			c. SPOUSE OR OTHER DEPENDENT WHO IS A FEDERAL CIVILIAN EMPLOYEE ENTITLED TO LIVING QUARTERS ALLOWANCE (Enter number)		
(1) Electricity			d. OTHER SERVICEMEMBERS ENTITLED TO A HOUSING ALLOWANCE (Enter number)		
(2) Heating			e. EXCLUDING DEPENDENTS, ANY OTHERS NOT COVERED ABOVE WHO PAY A PORTION OF THE RENT, MORTGAGE, AND/OR UTILITIES (Enter number)		
(3) Air conditioning (X if window units used and landlord provides electricity.)			TOTAL (8a through e) (If result exceeds "1", you are considered a "sharer".)		
(4) Water or Sewer			1		
(5) Trash Disposal					
9. If Block 8 b. or 8 d. is marked, report their full name(s), Social Security Number(s) and Branch of Service in "Remarks" on reverse.					
PART B - CERTIFICATIONS					
10. SERVICEMEMBER. I certify that:			11. HOUSING OFFICER or APPROPRIATE OFFICIAL.		
a. The information I have reported is true and correct.			I have reviewed and verified the member's lease/rental/sale agreement and information from it was properly reported.		
b. I will immediately inform my commanding officer if any changes occur to the information I have reported.			a. MIHA/MISCELLANEOUS PAYMENT AUTHORIZED? (X one)		
c. The attached copy of my housing lease/rental/sale agreement (or certification from landlord) is true and correct, if applicable.			(1) Yes (2) No		
d. I have read the overseas housing allowance briefing sheet provided by my commander or authorized representative, if applicable.			If Yes, entitlement is: (a) Initial (b) Subsequent		
e. SIGNATURE		f. DATE SIGNED (YYYYMMDD)	b. SIGNATURE		c. DATE SIGNED (YYYYMMDD)
			d. TITLE		
12. CERTIFYING OFFICIAL. I have reviewed this action and certify the entitlement. If applicable to this action, member has read the overseas housing allowance briefing sheet and is aware of his/her entitlements and responsibility to report any changes.					
a. TYPE HOUSING ALLOWANCE ACTION (X one)			b. MIHA/MISCELLANEOUS ENTITLEMENT (X one)		
(1) Start (3) Stop (5) *Cancel			(1) Initial (2) Subsequent (3) None		
(2) Change (4) Correct (6) *Report			c. EFFECTIVE DATE OF ACTION (YYYYMMDD)		
*For Air Force use only					
d. DQFS MEMBER HAVE COMMAND-SPONSORED DEPENDENTS IN AREA OF PERMANENT DUTY STATION?			(1) Yes (2) No		
e. SIGNATURE		f. TITLE		g. DATE SIGNED (YYYYMMDD)	

IMKO-AA-PWH

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

PRIVACY ACT STATEMENT

AUTHORITY: 37 USC Section 405, and EO 9397.

PRINCIPAL PURPOSE(S): To determine eligibility for, to start, adjust or terminate Overseas Housing Allowance.

ROUTINE USE(S): In addition to being used by officials and employees of the applicant's Uniformed Service in determining eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining allowances. Information may also be disclosed under certain circumstances to other Federal agencies, members of Congress, State and local government, and U.S. and State courts.

DISCLOSURE: Voluntary; however, failure to provide SSN may preclude timely consideration of your request for an allowance determination.

WARNING: Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both

SPECIAL INSTRUCTIONS FOR MEMBERS PAYING THREE OR MORE MONTHS RENT IN ADVANCE

In certain countries it is customary to pay advance rent rather than month-to-month rent. If you pay your rent more than three months in advance, X block 5b. (U.S. Dollars) even though you paid your advance rent in local currency. In Part C, "Remarks," enter the following information:

- (1) "Rent paid _____ months in advance."
- (2) Amount of advance rent (in local currency, if that is how you paid).
- (3) Exchange rate at which you converted your dollars to local currency to pay the advance rent, if applicable.

Compute monthly rent as follows and report in Item 6.a.:

- (1) Divide advance rent by number of months rent paid in advance to determine monthly rent
- (2) If applicable, convert monthly rent to dollars by dividing by exchange rate at which you converted your dollars to local currency.

Those paying rent in advance should realize that rental ceilings set by the Department of Defense may decrease due to periodic exchange rate fluctuations. Accordingly, their OHA, which is computed as a monthly entitlement, may also decrease during the months when rental payments are not actually being made.

If upon expiration of the advance rental period the member must again pay rent three or more months in advance, another DD Form 2367 must be completed unless the derived rental amount previously reported in Item 6.a. remains unchanged.

PART C - REMARKS

IMKO-AA-PWH

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

APPENDIX F-1 MOVE-IN HOUSING ALLOWANCE

MOVE-IN HOUSING ALLOWANCE CLAIM FOR PERSONNEL OCCUPYING PRIVATELY LEASED/OWNED QUARTERS OVERSEAS <i>(Read Warning, Privacy Act Statement, and Instructions on reverse before completion)</i>			INTERAGENCY REPORT CONTROL NUMBER 0370-DOD-AR REPORT CONTROL SYMBOL DD-P&R(AR)1834	
PART A - SERVICEMEMBER IDENTIFICATION AND RESIDENCE INFORMATION				
1. NAME <i>(Last, First, Middle Initial)</i>		2. GRADE		3. SOCIAL SECURITY NUMBER
4. DUTY LOCATION OR HOMEPORT		b. LOCATION CODE <i>(Official Use)</i>		5. RESIDENCE ADDRESS <i>(Street, Apt. No., City, Country)</i>
a. STATION NAME				
c. CITY	d. COUNTRY	e. DUTY TELEPHONE NO		
PARTS B - C - EXPENSES ASSOCIATED WITH OCCUPYING RENTED/OWNED QUARTERS				
a. EXPENSE ITEMS <i>(List all expense items in Parts B and C below. Enter "None" if appropriate. If a sharer, only one sharer may report an expense item. Report all amounts in dollars and cents. Refer to Instructions and Appendix N, JFTR, to determine what can and cannot be reported.)</i>		b. AMOUNT CLAIMED <i>(If payment made in foreign currency, convert to dollars at actual conversion rate.)</i>		c. AMOUNT ALLOWED <i>(If certifier excludes any amount, provide explanation on separate sheet.) (Official Use)</i>
PART B - RENT-RELATED EXPENSES <i>(Not applicable to homeowners)</i>				
6. PART B SUBTOTAL <i>(Official Use)</i>				0.00
PART C - SECURITY-RELATED EXPENSES <i>(Allowed only in selected areas. See Appendix N.)</i>				
7. PART C SUBTOTAL <i>(Official Use)</i>				0.00
PART D - REIMBURSEMENT TO MEMBER <i>(Official use only. Servicemember - skip to Part E.)</i>				
8. AMOUNT FROM LINE 6				0.00
9. AMOUNT FROM LINE 7				0.00
10. AMOUNT DUE MEMBER <i>(Sum of Lines 8 and 9)</i>				\$0.00
PART E - CERTIFICATIONS				
11. SERVICEMEMBER. I certify that the information reported in Parts A - C is true and correct.				
a. SIGNATURE			b. DATE SIGNED (YYYYMMDD)	
12. HOUSING OFFICER OR DESIGNATED AUTHORIZING/APPROVING OFFICIAL. I have reviewed this claim and certify that information was properly reported. I have entered monthly rent (in dollars using Part B conversion rate, if appropriate) and total sharers from member's DD Form 2367. <i>(If homeowner, report "rent" as original purchase price divided by 120.)</i>				
a. RENT	b. TOTAL SHARERS	c. TITLE		
d. SIGNATURE			e. DATE SIGNED (YYYYMMDD)	

DD FORM 2556, MAY 1999

PREVIOUS EDITION MAY BE USED.

Adobe Professional 7.0

SUBJECT: Red Cloud and Casey Enclaves – Housing Services Office (HSO) Policy and Procedures for Off-Post Housing

WARNING: Making a false statement or claim against the U.S. Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for five years, or both.

PRIVACY ACT STATEMENT

AUTHORITY: Title 5, 37 U.S. Code, Section 405, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): To determine eligibility for and authorize payment of selected one-time costs associated with occupying privately leased/owned housing.

ROUTINE USE(S): In addition to being used by officials and in determining payment eligibility, the information provided herein may be provided to law enforcement personnel investigating those suspected of fraudulently obtaining payments, and to other Federal agencies, members of Congress, State and Local government, and U.S. and State courts.

DISCLOSURE: Voluntary, however, failure to provide the SSN may preclude timely consideration of your request for payment determination.

INSTRUCTIONS

Entitlement claims for the Move-In Housing Allowance (MIHA) are covered by two forms. This form covers qualifying rent- and security-related expenses (Parts B and C) and should be completed only if the member incurs such expenses. Miscellaneous expenses are covered by the DD Form 2367, "Individual Overseas Housing Allowance (OHA) Report" (Part C). To qualify for MIHA, a member must be eligible for the Overseas Housing Allowance (OHA). Additional rules and detailed instructions for completing this form and DD Form 2367, Part C, are contained in Appendix N, Joint Federal Travel Regulations (JFTR), Volume I. To qualify for full or partial reimbursement for Part B or C expenses, receipts/documents showing actual costs must be provided. If expense reported in Part B or C is incurred in foreign currency, convert to dollars using the rate member actually converted dollars to foreign currency. If the member is a "sharer" under the OHA program, only one sharer can claim an individual Part B or C expense. Members may submit more than one form while assigned to a duty location (e.g., to claim rent-related expenses (Part B), then again to claim security expenses (Part C)).

The Move-In Housing Allowance (MIHA) covers only reasonable costs. Accordingly, the Services place a significant responsibility on the approving official to exclude extraordinary, unjustifiable expenses.

There are three MIHA categories:

MIHA/Rent (covered by Part B). These are typically one-time, non-refundable charges levied by the landlord/agent or a foreign government which the member must pay before or upon occupying the unit. Examples are real estate agent's fees, redecoration fees, and one-time lease taxes. Refundable security deposits and advance rental payments cannot be reported. Recurring costs are also excluded.

MIHA/Security (covered by Part C). This part may be completed only by members assigned to areas where dwellings must be modified to minimize exposure to terrorist threat. Qualifying areas are listed in Appendix N of the JFTR. Examples of permissible items are security doors, bars, locks, lights, and alarm systems. Expenditures which are not related to the physical dwelling, such as for personal security guards or dogs, are not permitted.

MIHA/Miscellaneous (covered by Part C, DD Form 2367). This category reflects average expenditures made by members to make their dwellings habitable. This lump-sum payment (receipts not required) recognizes that items such as sinks, toilets, light fixtures, kitchen cabinets, door/window locks, and a refrigerator and stove are sometimes not provided in overseas dwellings. The amount payable is prescribed in Appendix K of the JFTR. Only one payment is authorized at a duty station unless special provisions contained in Appendix N apply.

APPENDIX G-1- VERIFICATION OF CLEARANCE

VERIFICATION OF CLEARANCE

공과금 완납, 보증금 환급 및 주택과 부서 확인서

LESSEE NAME: 임차인 (거주자) 이름 (LAST, FIRST, MI)		GRADE: 계급
SSN: 사회보장번호		ORGANIZATION/UNIT: 소속부대/군부처
DUTY PHONE: 근무지 전화번호	DEROS: 해외근무 이동 예상 날짜	LEASE EXPIRE: 임대계약 만료일짜
CELL PHONE: 이동 전화 번호		
OFF-POST ADDRESS: 부대 영외 거주지 주소		
MOVE-OUT DATE: 퇴거 날짜		
LANDLORD/REALTOR VERIFICATION		
집주인/부동산 확인		
The above named individual has successfully cleared his/her house/apartment and has paid-in-full all outstanding bills. 위 임차인은 사용한 모든 공과금을 잘 완납 하였습니다. So, here I return the security deposit back to the tenant. 공과금 완납 처리후 보증금은 임차인(세입자)에게 되돌려 드립니다.		
LESSOR'S NAME: 임대인 (집주인) 이름		LESSOR'S PHONE: 임대인 전화번호
LESSOR'S SIGNATURE: 임대인 서명		DATE: 서명한 날짜
REALTOR/LANDLORD SIGNATURE: 부동산 서명		DATE: 서명한 날짜
HOUSING OFFICE VERIFICATION		
주택과 부서 확인		
The above named individual has turned in all government furnishing and has properly cleared the hand receipt. 위 임차인은 정부 가구와 사용 하던 물품들을 모두 반납 하였습니다.		
FURNISHINGS BRANCH SIGNATURE/DATE: 가구류부서 서명/날짜		HSO/CLEARANCE STAMP: 주택과 파인 도장
NOTE: This form is required to properly out-process the AREA 1 HOUSING DIVISION: 언급: 이 확인서는 제 1 지역 주택과 부서에서 필요한 퇴거 수속 절차입니다.		